ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Please mark one:	l Request or	☐ Resolution R	Date of Request: 8.15.2025 equest		
_			racts, resolutions, or bills that involve property to southern boundary? (Check map <u>HERE</u>)		
☐ Yes ⊠ No					
1. Type of Request:					
☐ Contract/Grant Agreement	⊠ Intergovernmenta	l Agreement (IGA)	Rezoning/Text Amendment		
☐ Dedication/Vacation	Appropriation/Sup	pplemental	☐ DRMC Change		
Other:					
* *	ith an end date of 6-30-20 the City and County of I	026 to receive payme	do Department of Health Care Policy and Financing nts from HCPF as incentives for providing Medicaid CSV-202580557).		
4. Contact Person:		Combook manage			
Contact person with knowledge ordinance/resolution (e.g. subject		Contact perso	on for council members or mayor-council		
ordinance/resolution (e.g., subject matter expert) Name: Christian Maddy, Will Fenton (DHS Legislative		Name: Crysta	ll Porter, Hung Nguyen, Will Fenton (DHS		
Liaison)	mon (2116 Zogisiau) v	Legislative L			
Email: christian.maddy@denver	gov.org;	Email: Crysta	Email: Crystal.Porter@denvergov.org;		
Will.Fenton@denvergov.org		hung.nguyen	@denvergov.org;		
		Will.Fenton@	denvergov.org		
DHS is the City Agency response required under C.R.S. §25.5-statutes. The purpose of this IGA is human/social services to achiand cooperation with other M.	to create and revise per eve certain performance salidical Assistance-related aring by meeting targets,	Medicaid eligibility- DHS share the costs formance-based bencestandards related to Cdd entities. DHS has the benchmarks, and/or described to the company of the cost of the co	ve summary if more space needed: related work within the City and County of Denver as of this work performed by DHS as defined in those chmarks and deliverables for county departments of ounty Administration, Medical Assistance Eligibility, ne ability to earn Performance Incentive Payments to eliverables as outlined in the IGA.		
7. City Council District: Cityw	ide				
8. **For all contracts, fill out a	and submit accompanyin	ng Key Contract Ter	ms worksheet**		
	To be completed	d by Mayor's Legislat	ive Team:		
Resolution/Bill Number:			Date Entered:		

Key Contract Terms

Type of Contr	ract: IGA > \$500K				
Vendor/Contr	ractor Name (including any dba's)	: Colorado Department of Health (Care Policy and Financing (HCPF)		
Contract cont	trol number (legacy and new): SO	CSV-202580557			
Location: City	ywide				
Is this a new o	contract? Yes No Is thi	is an Amendment? Yes N	To If yes, how many? <u>N/A</u>		
	m/Duration (for amended contractional Contract: SOCSV-202580557 J	ts, include existing term dates and aggaer: 07/01/2025 to 06/30/2026	amended dates):		
Contract Amo	ount (indicate existing amount, am	nended amount and new contract t	otal):		
	Current Contract Amount	Additional Funds	Total Contract Amount		
	(A)	(B)	(A+B)		
	\$1,294,788.40	N/A	\$1,294,788.40		
	Current Contract Term	Added Time	New Ending Date		
	07/01/2025 to 06/30/2026	N/A	N/A		
benefitAssistEligibiFinance	ts. DHS in the process of achieving certality in cooperation with Medical Acing. DHS with performance data for co	tain performance standards related to ssistance related entities, such as C	eligibility determinations for Medical Assistance County Administration and Medical Assistance olorado Department of Health Care Policy and s of qualifying for the financial incentives under		
Was this contractor selected by competitive process? No If not, why not? This is a Revenue IGA					
Has this contractor provided these services to the City before? \boxtimes Yes \square No					
Source of funds: Federal, received through State of Colorado					
Is this contrac	et subject to: W/MBE D	BE SBE X0101 AC	DBE N/A		
WBE/MBE/D	BE commitments (construction, d	esign, Airport concession contract	s): N/A		
Who are the s	subcontractors to this contract? N	I/A			
	To be o	completed by Mayor's Legislative Te	eam:		
Resolution/Bil	esolution/Bill Number: Date Entered:				